

FILED

Ohio Campaign Finance Report

10 JAN 29 PM 3:20

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Citizens for Lori M. Tyack						Registration Number, if PAC					
Full Name of Candidate Lori M Tyack											
Street Address 4080 Chelsea Bridge Lane						Office Sought Municipal Court Clerk			District		
City Gahanna						State O H		Zip Code 43230			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		X		Annual Year 2009
	July Monthly		August Monthly		September Monthly		Termination				Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M	D	Y	
						1 1		0 8		0 5	

For candidates only, during an election year if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required at a post-primary or post-general period, if above statement applies See R C 3517 10(H) for details

1. Amount brought forward from last report	\$ 19,541.17
2. Total primary contributions (From Form No. 31-A)	\$ 4,500.00
3. Total other receipts (from Form No. 31-A-2)	\$
4. Total receipts (sum of lines 1, 2 & 3)	\$ 24,041.17
5. Total disbursements (from Form No. 31-B)	\$ 5,387.74
6. Balance on hand (line 4 minus line 5)	\$ 18,653.43
7. Value of in-kind contributions received (From Form No. 31-F-1)	\$ 150.00
8. Value of in-kind contributions made (from Form No. 31-F-2)	\$
9. Outstanding loans owed by committee (from Form No. 31-C)	\$
10. Outstanding loans owed to committee (from Form No. 31-D)	\$
11. Outstanding debt to the committee (from Form No. 31-E)	\$
12. Value of independent lendings made (from Form No. 31-B)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period:	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Gregory J. Lestini

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 9

Expenditure pages 20

Other pages

Total pages 29

1/29/10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori M Tyack						
Full Name of Contributor Vorys Sater Seymour and Pease				Registration Number, if PAC OH109		
Street Address 52 E. Gay St.		Employer/Occupation/Labor Organization* PAC			Form (Cash, Check, etc) Check	
City Columbus		State O H	Zip Code 43215	M 0 9	D 1 6	Y 0 9
						Amount 250.00
Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
City		State	Zip Code	M	D	Y
						Amount 4,250.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
City		State	Zip Code	M	D	Y
						Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
City		State	Zip Code	M	D	Y
						Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
City		State	Zip Code	M	D	Y
						Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
City		State	Zip Code	M	D	Y
						Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
City		State	Zip Code	M	D	Y
						Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
City		State	Zip Code	M	D	Y
						Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear [R C 3517 10(B)(4)]

Page Total \$ 4,500.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Citizens to Elect Lori M. Tyack		Attorney		1	1	09	100.00
Full Name of Contributor Portman, Foley & Flint LLP (Frederic A. Portman)		Registration Number, if PAC					
Street Address 471 E Broad St , Suite 1820		City Columbus		Form(Cash,Check,etc) Check			
Citizens to Elect Lori M. Tyack		Labor Organization		1	1	09	100.00
Full Name of Contributor Plumbers & Pipefitters L.U 189		Registration Number, if PAC PCE 6220					
Street Address 1250 Kinnear Rd.		City Columbus		Form(Cash,Check,etc) Check			
Citizens to Elect Lori M. Tyack		Attorney		1	1	09	50.00
Full Name of Contributor Frick, Preston & Associates, LLC (Bradley N. Frick)		Registration Number, if PAC					
Street Address 1265 Neil Avenue		City Columbus		Form(Cash,Check,etc) Check			
Citizens to Elect Lori M. Tyack		Bondsmen		1	1	09	200.00
Full Name of Contributor S.M.D./H L.S. Bonding Co. LLC (John Handler)		Registration Number, if PAC					
Street Address 571 South High St.		City Columbus		Form(Cash,Check,etc) Check			
Citizens to Elect Lori M. Tyack		Bondsmen		1	1	09	100.00
Full Name of Contributor Chuck Brown II Bail Bonds LLC		Registration Number, if PAC					
Street Address 342 S. High St.		City Columbus		Form(Cash,Check,etc) Check			
Citizens to Elect Lori M. Tyack		Attorney		1	1	09	100.00
Full Name of Contributor Larry J. Hotchkiss		Registration Number, if PAC					
Street Address 1241 Dublin Rd.		City Columbus		Form(Cash,Check,etc) Check			
Citizens to Elect Lori M. Tyack		Pres., Capital Recovery		1	1	09	200.00
Full Name of Contributor Craig W. Klein		Registration Number, if PAC					
Street Address 5220 Harbor Pointe Dr.		City Galena		Form(Cash,Check,etc) Check			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear [R C 3517 10(B)(4)]

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event

Page Total \$ 850.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Citizens for Lori M. Tyack		Realtor		1	1	2009	200.00
Full Name of Contributor Bradley B. Bennett		Registration Number, if PAC					
Street Address 3050 Avalon Rd.		State Zip Code OH 43221		Form(Cash,Check,etc) Check			
City Columbus							
Full Name of Contributor The Huntington Bancshares, Inc. PAC		Registration Number, if PAC HBI-PAC (C00165589)					
Street Address 41 South High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State Zip Code OH 43215		1	1	2009	750.00
Full Name of Contributor Columbus Franklin County AFL-CIO PCE		Registration Number, if PAC PCE					
Street Address 1545 Alum Creek Drive, 2nd Floor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State Zip Code OH 43209		1	1	2009	100.00
Full Name of Contributor Ruth Rankin		Registration Number, if PAC					
Street Address 2432 Wyncourtney Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Powell		State Zip Code OH 43065		1	1	2009	200.00
Full Name of Contributor Marlene E. Lynn		Registration Number, if PAC					
Street Address 203 Windsor Ct. Apt. H		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Marysville		State Zip Code OH 43040-2524		1	1	2009	46.00
Full Name of Contributor Ranjan Manoranjan		Registration Number, if PAC					
Street Address 344 Cramer Creek Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Dublin		State Zip Code OH 43017		1	1	2009	100.00
Full Name of Contributor Kahled Sukkar		Registration Number, if PAC					
Street Address P.O. Box 3474		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Dublin		State Zip Code OH 43016		1	1	2009	200.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear [R C 3517 10(B)(4)]

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event

Page Total \$ 1,596.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens to Elect Lori M. Tyack								
Full Name of Contributor Zachary Scott			Registration Number, if PAC					
Street Address Best Effort		Employer/Occupation/Labor Organization* Franklin Co. Sheriff's Ofc.		M	D	Y	Amount	
				1	1	2	09	50.00
City		State	Zip Code	Form(Cash,Check,etc)				
				Check				
Full Name of Contributor Zac Scott			Registration Number, if PAC					
Street Address Best Effort		Employer/Occupation/Labor Organization* Columbus Police Dept.		M	D	Y	Amount	
				1	1	2	09	50.00
City		State	Zip Code	Form(Cash,Check,etc)				
				Cash				
Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM 31-G			Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
							1,704.00	
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City		State	Zip Code	Form(Cash,Check,etc)				

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear [R C 3517 10(B)(4)]

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column

Total contributions this event

4,250.00

Total expenditures this event

191.92

Page Total \$ 1,804.00

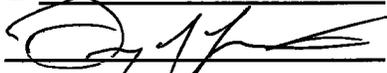
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Citizens for Lori M. Tyack							
Full Name of Contributor							
Tommy J McFerin							
Street Address				M	D	Y	Amount
6815 Refugee Rd.				1	1	1	209
City				State		Zip Code	Form (Cash, Check, etc)
Pickerington				O	H	43147-8983	Check
Full Name of Contributor							
Obie D. Lucas							
Street Address				M	D	Y	Amount
175 Westview Ave				1	1	1	209
City				State		Zip Code	Form (Cash, Check, etc)
Columbus				O	H	43214-1425	Check
Full Name of Contributor							
Ahmed Kasheer							
Street Address				M	D	Y	Amount
5148 Pebble Ln.				1	1	1	209
City				State		Zip Code	Form (Cash, Check, etc)
Columbus				O	H	43220-2539	Check
Full Name of Contributor							
Matthew J. Pendency							
Street Address				M	D	Y	Amount
123 Bellefield Ave.				1	1	1	209
City				State		Zip Code	Form (Cash, Check, etc)
Westerville				O	H	43081	Check
Full Name of Contributor							
Crystal Ross							
Street Address				M	D	Y	Amount
5390 Westfall Rd. SW				1	1	1	209
City				State		Zip Code	Form (Cash, Check, etc)
Lancaster				O	H	43130	Check
Full Name of Contributor							
James Brim (Pete)							
Street Address				M	D	Y	Amount
Best Effort				1	1	1	209
City				State		Zip Code	Form (Cash, Check, etc)
							Cash

The above are employees of a unit or department under the direct supervision or control of Lori M. Tyack, who currently holds the public office

of Franklin Co. Muni Clerk I hereby affirm that each contribution was voluntarily made

 (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No 31-A or 31-E, if received at a social or fundraising event Under "Full Name of Contributor" state "Total employee contributions from form No 31-G "

Page Total \$ 710.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Citizens for Lori M. Tyack							
Full Name of Contributor							
Michelle LaMarr							
Street Address				M	D	Y	Amount
1734 East Kossuth St				1	1	1	209
City		State	Zip Code	Form (Cash, Check, etc)			
Columbus		O H	43206	Cash			
Full Name of Contributor							
Marilynn Stephens							
Street Address				M	D	Y	Amount
857 S. 5th St.				1	1	1	209
City		State	Zip Code	Form (Cash, Check, etc)			
Columbus		O H	43206-2611	Check			
Full Name of Contributor							
Judy Vance							
Street Address				M	D	Y	Amount
14819 Crownover Mill Rd.				1	1	1	209
City		State	Zip Code	Form (Cash, Check, etc)			
New Holland		O H	43145	Check			
Full Name of Contributor							
THIS ENTRY LEFT BLANK INTENTIONALLY							
Street Address				M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc)			
Full Name of Contributor							
Mike Cherry							
Street Address				M	D	Y	Amount
7457 Ida Way				1	1	1	209
City		State	Zip Code	Form (Cash, Check, etc)			
Canal Winchester		O H	43110-1335	Check			
Full Name of Contributor							
Edwin L. Saeger							
Street Address				M	D	Y	Amount
11425 Taylor Rd.				1	1	1	209
City		State	Zip Code	Form (Cash, Check, etc)			
Plain City		O H	43064	Check			

The above are employees of a unit or department under the direct supervision or control of Lori M. Tyack, who currently holds the public office

of Franklin Co. Muni Clerk I hereby affirm that each contribution was voluntarily made



(Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No 31-A or 31-E, if received at a social or fundraising event Under "Full Name of Contributor" state "Total employee contributions from form No 31-G "

Page Total \$ 500.00

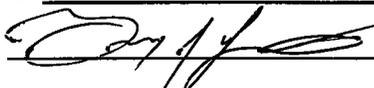
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Citizens for Lori M. Tyack							
Full Name of Contributor							
Won Y. Kim							
Street Address				M	D	Y	Amount
7757 Kelly Drive				1	1	1	209
City		State	Zip Code	Form (Cash, Check, etc)			
Dublin		O H	43016	Check			
Full Name of Contributor							
Debra Jones							
Street Address				M	D	Y	Amount
3010 Grasmere Ave				1	1	1	209
City		State	Zip Code	Form (Cash, Check, etc)			
Columbus		O H	43224-4109	Check			
Full Name of Contributor							
James Laver							
Street Address				M	D	Y	Amount
1028 Hardesty Place West				1	1	1	209
City		State	Zip Code	Form (Cash, Check, etc)			
Columbus		O H	43204	Check			
Full Name of Contributor							
William Beelman							
Street Address				M	D	Y	Amount
221 Westwood Rd.				1	1	1	209
City		State	Zip Code	Form (Cash, Check, etc)			
Columbus		O H	43214	Money Order			
Full Name of Contributor							
Dana Smith							
Street Address				M	D	Y	Amount
4584 Pebble Beach Rd				1	1	1	209
City		State	Zip Code	Form (Cash, Check, etc)			
Grove City		O H	43123	Cash			
Full Name of Contributor							
THIS ENTRY LEFT BLANK INTENTIONALLY							
Street Address				M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc)			

The above are employees of a unit or department under the direct supervision or control of Lori M. Tyack, who currently holds the public office

of Franklin Co Mun Clerk I hereby affirm that each contribution was voluntarily made

 (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No 31-A or 31-E, if received at a social or fundraising event Under "Full Name of Contributor" state "Total employee contributions from form No 31-G"

Page Total \$ 350.00

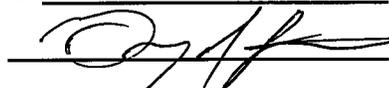
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori M. Tyack							
Full Name of Contributor Rita LaForrest							
Street Address 1114 Slade Ave				M	D	Y	Amount
				0	7	2	4
				0	9		50.00
City Columbus		State O H	Zip Code 43235	Form (Cash, Check, etc) Check			
Full Name of Contributor Several Contributions for T-Shirts							
Street Address				M	D	Y	Amount
							94.00
City		State	Zip Code	Form (Cash, Check, etc) Cash			
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc)			
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc)			
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc)			
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc)			

The above are employees of a unit or department under the direct supervision or control of Lori M Tyack, who currently holds the public office

of Franklin Co. Muni Clerk I hereby affirm that each contribution was voluntarily made

 (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No 31-A or 31-E, if received at a social or fundraising event Under "Full Name of Contributor" state "Total employee contributions from form No 31-G "

Page Total \$ 144.00

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Citizens for Lori M. Tyack			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Ruth Rankin	Teacher		
Street Address	Description of Item or Service	M	D
2432 Wyncourney Ct.	Food and Drink	1	1
City	State	Y	Fair Market Value
Powell	OH	2	0
	Zip Code	9	150 00
		Received at Fundraising Event?	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear [R C 3517 10(B)(4)]

Page Total \$ 150 00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori M. Tyack						
To Whom Paid Franklin County Democratic Party			M	D	Y	Amount
			1	2	2 8	0 9
			200.00			
Address 271 East State Street		Purpose Party Event Tickets				
City Columbus	State O H	Zip Code 43215	Check Number 287			
To Whom Paid Friends of John O'Grady			M	D	Y	Amount
			1	2	2 8	0 9
			100.00			
Address 480 S. 3rd St.		Purpose Political Contribution				
City Columbus	State O H	Zip Code 43215	Check Number 286			
To Whom Paid Columbus Education Association			M	D	Y	Amount
			1	2	2 8	0 9
			25.00			
Address 929 East Broad Street		Purpose Award Dinner Tickets				
City Columbus	State O H	Zip Code 43205	Check Number 285			
To Whom Paid Franklin County Democratic Party			M	D	Y	Amount
			1	2	2 8	0 9
			1,500.00			
Address 271 East State Street		Purpose 2010 Political Contribution				
City Columbus	State O H	Zip Code 43215	Check Number 284			
To Whom Paid Southeast Lions Club			M	D	Y	Amount
			1	0	2 8	0 9
			75.00			
Address PO Box 06296		Purpose Advertisement				
City Columbus	State O H	Zip Code 43206	Check Number 376			
To Whom Paid Industrial Graphics/Graphic T's			M	D	Y	Amount
			1	0	1 6	0 9
			255.67			
Address 532 R Main Street		Purpose T-Shirts & Stickers				
City Groveport	State O H	Zip Code 43230	Check Number 279			
To Whom Paid Industrial Graphics/Graphic T's			M	D	Y	Amount
			0	7	0 6	0 9
			667.19			
Address 532 R Main Street		Purpose T-Shirts & Stickers				
City Groveport	State O H	Zip Code 43230	Check Number 368			
To Whom Paid Industrial Graphics/Graphic T's			M	D	Y	Amount
			0	7	0 6	0 9
			118.49			
Address 532 R Main Street		Purpose Car Magnets & Name Badges				
City Groveport	State O H	Zip Code 43230	Check Number 369			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori M. Tyack						
To Whom Paid Industrial Graphics/Graphic T's			M	D	Y	Amount
			0	7	3	0
			0	9		258.87
Address 532 R Main Street		Purpose T-Shirts & Stickers				
City Groveport	State O	H	Zip Code 43230	Check Number 372		
To Whom Paid Columbus Rotary			M	D	Y	Amount
			0	7	1	3
			0	9		182.00
Address Best Effort		Purpose Luncheon Tickets				
City Columbus	State O	H	Zip Code	Check Number 370		
To Whom Paid Columbus Rotary			M	D	Y	Amount
			0	7	1	3
			0	9		26.00
Address Best Effort		Purpose Luncheon Tickets				
City Columbus	State O	H	Zip Code	Check Number 371		
To Whom Paid Paley for Columbus			M	D	Y	Amount
			0	7	2	3
			0	9		100.00
Address Best Effort		Purpose Political Contribution				
City Columbus	State O	H	Zip Code	Check Number 373		
To Whom Paid The Andy Padrutt Committee			M	D	Y	Amount
			0	7	2	3
			0	9		20.00
Address Best Effort		Purpose Political Contribution				
City Columbus	State O	H	Zip Code	Check Number 374		
To Whom Paid Franklin County Democratic Party			M	D	Y	Amount
			1	0	1	6
			0	9		100.00
Address 271 East State Street		Purpose Ballot Breakfast fundraiser tickets				
City Columbus	State O	H	Zip Code 43215	Check Number 280		
To Whom Paid Hummer for Judge			M	D	Y	Amount
			1	0	2	7
			0	9		500.00
Address 4314 Donnington Rd		Purpose Political Contribution				
City Columbus	State O	H	Zip Code 43220	Check Number 281		
To Whom Paid A Troy Miller for Columbus			M	D	Y	Amount
			1	0	0	1
			0	9		50.00
Address 1029 Northfield Pl N		Purpose Political Contribution				
City Reynoldsburg	State O	H	Zip Code 43068	Check Number 375		

Page Total \$ 1,236.87

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori M. Tyack							
To Whom Paid Afterschool All Stars				M	D	Y	Amount
				1	1	2	1,000.00
Address Best Effort		Purpose Donation-Sponsor of Event					
City	State	Zip Code	Check Number				
	O	H	282				
To Whom Paid USPS				M	D	Y	Amount
				1	1	2	17.60
Address Best Effort		Purpose Stamps for Campaign Purposes					
City	State	Zip Code	Check Number				
	O	H	283				
To Whom Paid EXPENDITURES FROM FORM 31-F				M	D	Y	Amount
				1	1	1	191.92
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount

Page Total \$ 1,209.52

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for Lori M. Tyack						
To Whom Paid Staples			M	D	Y	Amount
			1	0	2	309
Address 1747 Olentangy River Road		Purpose Envelopes and Labels for Fundraiser				
City Columbus	State O	H	Zip Code 43212	Check Number Card		
To Whom Paid USPS			M	D	Y	Amount
			1	0	2	709
Address Main Office Window Unit		Purpose Postage for Fundraiser				
City Columbus	State O	H	Zip Code 43216	Check Number Card		
To Whom Paid			M	D	Y	Amount
Address						
City						
To Whom Paid			M	D	Y	Amount
Address						
City						
To Whom Paid			M	D	Y	Amount
Address						
City						
To Whom Paid			M	D	Y	Amount
Address						
City						
To Whom Paid			M	D	Y	Amount
Address						
City						

Transfer total expenditures for this event to Form No 31-B Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column